ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINT HORMAN

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It is the applicant's responsibility to keep the information on this form current.

To advise the County of any changes please contact Christine Coble
by telephone at 488-9962 or by e-mail at CobleC@mail.co.leon.fl.us



Applications will be discarded if no appointment is made after two years.

Name: Chris Evelo	Date: 8/23/04						
Home Phone: 656-1915	Work Phone: 224-2727 ext. 309	Email: eveloo@yahoo.com					
Occupation: Web Programmer							
Please check box for preferred mailing address. U Work Address:							
City/State/Zip:	·						
☐ Home Address 6829 Chisholm Court East							
City/State/Zip: Tallahassee	, FL 32311						
Do you live in Leon County?							
Other Areas Have you served on any previous	us Leon County committees?	□Yes □ No					
If Yes, on what Committee(s) have you served? Chaires-Capitola Rec. Council							
How many days per month would you be willing to commit for Committee work? 1 2 to 3 4 or more And for how many months would you be willing to commit that amount of time? 2 0 3 to 5 0 6 or more What time of day would be best for you to attend Committee meetings? Day Night							
(OPTIONAL) Leon County strives to meet its goals, and those contained in various federal and state laws, of maintaining a membership in its Advisory Committees that reflects the diversity of the community. Although strictly optional for Applicant, the following information is needed to meet reporting requirements and attain those goals.							
Race:		☐ Hispanic ☐ Asian ☐ Disabled? ☐	□ Other □ Yes □ No				
Persons needing a sp	pecial accommodation to part	icipate in an Advisory Commi	ttee should contact				